

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS REGULATION ADMINISTRATION
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



APPLICATION FOR ABRA MANAGER

ALL PERSONS APPLYING FOR AN ABC MANAGER'S PERMIT MUST BE 21 YEARS OF AGE OR OLDER. APPLICATIONS MUST BE SUBMITTED IN PERSON, MONDAY THROUGH FRIDAYS, BETWEEN THE HOURS OF 8:30AM AND 4:15 P.M

THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION:

1. **Employment Certification Form must be signed by each Licensee, or a corporate president or vice president only, a senior partner with power of attorney, owner of business or person(s) with hiring authority.**
2. **Submit license fees in the form of a cashier's check, money order or certified check, payable to the D.C. Treasurer. Business or Personal checks will not be accepted. Please see the Fee List on the reverse side of this letter for correct amount.**
3. **All required pages of the application must be**
4. **Signed and notarized prior to submitting.**
5. **Submit a Police Clearance from the District of Columbia, 300 Indiana Avenue, N.W., Room 2074, Monday through Friday, 7:00 a.m. to 3:00 p.m. (\$5.00 fee). In addition, if your primary residence for the most recent consecutive five year period was or is outside the District of Columbia, submit a Police Clearance from that state. (The fingerprint requirement and \$28.00 fee is being waived at this time. However, the ABC Division reserves the right to require them should this office determine it necessary.)**
6. **All persons with felony convictions must submit a copy of the court deposition with the application.**

SPECIAL NOTICE

The District of Columbia will appropriate auxiliary services including sign interpreters, whenever necessary to ensure effective communication with member of the public who are deaf, hearing impaired or who may have other disabilities affecting communication.

Requests must be made to the Alcoholic Beverage Control Division at least 10 (ten) days prior to your hearing date.

**ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
MANAGER'S FEE SCHEDULE**

The following fees are prorated based on the month you submit your application.

<u>MONTH</u>	<u>FEE</u>
July	\$100.
August	\$ 92.
September	\$ 83.
October	\$ 75.
November	\$ 67.
December	\$ 58.
January	\$ 50.
February	\$ 42.
March	\$ 33.
April	\$ 25.
May (includes the following year)	\$117.
June (includes the following year)	\$108.

APPLICATION FOR ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION

FOR OFFICIAL USE ONLY

Application No. _____

License No. _____

Control No. _____

Fees Paid _____

Issue Date _____

Examiner _____

Date _____

BOARD APPROVAL INITIAL / DATE

Please type or print in ink.

Full Name and Title

1. _____
 (Last, First, Middle, Maiden, Alias) (Title)

Residential Address

2. _____

Phone Numbers

3. _____
 (Home Phone) (Business Phone)

Business Trade Name & Address

Business Application Number

4. _____

Employer Name & Address

5. _____

Place & Date of Birth

6. _____
 (Place) (Date)

7. U. S. Citizen, () Yes () No

If Naturalized Citizen (attach copy) give: _____
(Date, Place, Certification Number)

8. If applicable, attach copy of the following document:

Green Card Number: _____ Visa Number: _____
Work Permit _____ Expiration Date: _____

9. Have you ever:

	<u>No</u>	<u>Yes</u>
A. been convicted of any charges other than minor traffic Violations or misdemeanor?	()	()
B. used a name other than the one given?	()	()
C. received or applied for any Alcoholic Beverage License in D.C. or any state or territory?	()	()
D. had any Alcoholic Beverage License suspended or revoked?	()	()

10. Do you or any member of your immediate family or relative now hold an ABC License or have any financial interest, directly or indirectly, in any ABC licensed establishment in the District or elsewhere? () ()

If you answered yes to any of the above questions, please attach a detailed explanation.

Signature

Print Name

The foregoing was subscribed to and sworn before me on
this _____ day of _____, 200____.

Notary Public
My Commission Expires On: _____

ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION MANAGER

CERTIFICATION / AFFIDAVIT

I, _____, HEREBY ATTEST THAT I HAVE NOT BEEN CHARGED OR CONVICTED OF A FELONY (during the last ten years), OR A MISDEMEANOR (during the last five years).

And,

I, HEREBY CERTIFY, I HAVE PURCHASED AND READ THE DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS, TITLE 23. THIS DOCUMENT CONTAINS ALL THE REGULATIONS FOR CONDUCTING THE BUSINESS OF ALCOHOLIC BEVERAGES. I UNDERSTAND I WILL BE HELD RESPONSIBLE FOR FOLLOWING THE REGULATIONS CONTAINED THEREIN.

And,

I, _____, CERTIFY UNDER PENALTY OF PERJURY, THAT THE STATEMENTS IN THE FOREGOING ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I FURTHER HEREBY AUTHORIZE THE ALCOHOLIC BEVERAGE CONTROL BOARD AND / OR ITS EMPLOYEES TO INVESTIGATE ALL OF THE INFORMATION CONTAINED HEREIN..

Name (type or print)

Signature

The foregoing was subscribed to and sworn before me on this ____ day

of _____, 200____.

Notary Public

My commission expires on:

**ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION
EMPLOYMENT CERTIFICATION**

I, (we), certify under penalty of perjury, that I, (we) have employed _____

_____, as an Alcoholic Beverage Control Manager,
subject to the approval of the District of Columbia Alcoholic Beverage Control Board.

Date

Print Name

Signature

Title

Licensee/Corporate Name

Trade Name

PLEASE NOTE: This form must be signed by an Owner, Corporate President, Vice President, or Senior Partner with power of attorney, owner of business or person(s) with hiring authority.